King County	Department of Adult and Juvenile Detention Adult Divisions General Policy Manual	
	Chapter 4 **Security and Use of Force**	
4.03.014, **Use of Force**	Approved By:	Director Allen Nance
	Effective Date:	March 28, 2024
	Reviewed By:	PRC, PAO, MDTI
	Review Date:	October 25, 2023
Distribution:	Document Code No.	

Purpose
To establish guidelines for the use of force and the reporting of the use of force.

Policy
It is the policy of this department that staff shall only use that force which is reasonable and necessary under the circumstances. All staff shall promptly report all uses of force.

References

RCW:	9A.16.010 Use of Force – When Necessary
	9A.16.020 Use of Force – When Lawful
	9A.16.040 Use of Deadly Force – When Justifiable
	Title 10
DAJD Policies:	1.01.005, Executive Duty Officer
	1.01.008, Processing Staff Reports
	1.03.010, Peer Support
	1.08.003, Department Records
	4.01.023, Video Recordings
	4.02.005, Search of Residents
	4.03.001, Impact Weapons
	4.03.003, Electronic Stun Shield
	4.03.005, Firearms
	4.03.006, Pepper Spray
	4.03.011, Force Review Committee
	4.03.012, Shooting Review Board
	4.03.018, Taser® CEW Conducted Energy Weapon
JHS Policy:	J-G-01
DAJD Forms:	Supervisors Incident Report
	Officers Report
	Use of Force Preliminary Investigation Checklist (F-757)
	Taser Weapon Application/Performance Report (F-764)
Other:	DAJD Use of Force Continuum - Visual Reference
	Settlement Agreement with the United States Department of Justice
	Cell Extraction on Shift Training Guidelines

Definitions

Anticipated use of force: A use of force where it is feasible for a staff member to notify a supervisor prior to the application of force. This includes any situation where a resident is contained (i.e., confined to a cell, dayroom, multi-purpose room, yard-out or visiting area) and no individual is in immediate danger of injury or where escape is not imminent.

Force: Any act reasonably likely to cause physical pain or injury or any act exerted upon a person's body to compel, control, constrain or restrain the person's movement. Force does not include pat-downs, incidental touching, verbal commands or compliant handcuffing where there is no physical pain or injury. The term "Force" includes "Deadly Force" unless explicitly stated otherwise.

Deadly force: The intentional application of force through the use of firearms or any other means reasonably likely to cause death or serious physical injury.

De-escalation Tactics: Actions used by a staff member that are intended to minimize the likelihood of needing to use force during an incident. Using force is not a de-escalation tactic. De-escalation tactics can include, but are not limited to:

1. Attempting to slow down or stabilize the situation to allow for the consideration and arrival of additional resources that may increase the likelihood of a safe resolution.
2. Using clear instructions and verbal persuasion.
3. Employing verbal and non-verbal communication techniques to calm a person (such as, speaking slowly, regulating tone and body language, uncrossing one's arms, minimizing hand gestures, etc.)
4. When there are multiple staff members, designating one staff member to communicate in order to avoid competing or confusing commands.

Necessary: Under the totality of the circumstances, a reasonably effective alternative to the force used does not appear to exist, and the type and amount of force used is a reasonable and proportional response to achieve the lawful purpose intended or to protect against the threat posed to the staff member or others.

Reasonable: Under the totality of the circumstances, a reasonable uniformed staff member could make the same decision regarding whether to use force and how much force to use.

Substantial Bodily Harm: Bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily part or organ, or which causes the fracture of any body part.

Great Bodily Harm: Bodily injury which creates a probability of death, or which causes significant serious permanent disfigurement, or which causes a significant permanent loss or impairment of the function of any bodily part or organ.

Team: A minimum C2 [redacted] who may use special protective equipment for an anticipated use of force.

Use of Force Continuum: A visual model that depicts acceptable use of force responses to various levels of resistance. The department's Use of Force Continuum is provided to all uniformed staff, along with training on force techniques.

Chokehold: The intentional application of direct pressure to a person's trachea or windpipe for the purpose of restricting another person's airway.

Neck Restraint: Any vascular neck restraint or similar restraint, hold, or other tactic in which pressure is applied to the neck for the purpose of constricting blood flow.

Totality of the Circumstances: All facts known to the staff member leading up to, and at the time of, the use of force, and includes the actions of the person against whom the staff member uses such force, and the actions of the officer.

Preliminary Investigation: An on-shift investigation into a use of force to gather additional information to determine if there is need for a formal investigation or other management action.
Independent Investigation Team: A team of qualified and certified peace officer investigators, civilian crime scene specialists, and other representatives who operate independently of any involved agency to conduct investigations of police deadly force incidents. An independent investigation team may be comprised of multiple law enforcement agencies who jointly investigate police use of force incidents in their geographical regions or may be a single law enforcement agency, provided it is not the involved agency.

A. Guidelines for Use of Force

1. In determining whether and, if necessary, how much, force to use uniform staff shall.
    a. Assess the situation.
    b. Consider the resident's characteristics (i.e., size, age, etc.) and conditions, including whether they are elderly persons, pregnant, proficient English speakers, suicidal, displaying signs of mental, behavioral, intellectual, developmental, or physical impairments related to the use of alcohol, narcotics, hallucinogens, or other drugs.
2. When safe and possible, prior to the use of force, uniformed staff must:
    a. Use all available and appropriate de-escalation tactics.
    b. Provide clear instructions and warn a person that force will be used unless they cooperate.
    c. Give the resident a reasonable opportunity to comply with the warning that force may be used.
3. Uniformed staff shall terminate the use of force as soon as necessity for such force ends.
4. Uniformed staff may only use force which is reasonable and necessary in order to:
    a. Protect against an imminent threat of suicide or injury to self.
    b. Prevent escape.
    c. Protect against imminent threat of bodily injury to others.
    d. Protect self.
    e. Effect an arrest.
    f. Enforce a lawful order.
5. Uniformed staff may only use deadly force in either of the following circumstances:
    a. When the uniformed staff member reasonably believes that a person poses an imminent and substantial threat of death or serious bodily injury to the uniformed staff member, or another person and no reasonable non-deadly force alternative is available. Deadly force may not be used against a person who presents a danger only to themselves.
    b. To recapture or prevent the escape of a resident when all of the following conditions are met:
        1) It would not unnecessarily endanger another person.
        2) The resident has been arrested for, charged with, or convicted of a felony.
        3) The uniformed staff member has probable cause to believe that the resident if not apprehended, poses an imminent threat of serious physical harm to the uniformed staff member or others.
        4) If feasible, some verbal warning has been given.
        5) It is the last resort.
6. Uniformed staff shall not use force as a means of punishment or retaliation, including in response to verbal abuse alone.

7. Uniformed staff shall use generally accepted force identified in the Use of Force Continuum and department-provided defensive tactics training. The force reasonable and necessary under the totality of the circumstances may not fall sequentially on the continuum. Officers should choose that level of force which is reasonable and necessary under the totality of the circumstances regardless of whether that response starts at the beginning of the continuum or falls sequentially on the continuum with any preceding use of force.
8. Uniformed staff who use force shall be trained in the proper application of force.
9. Only department approved equipment shall be used in an anticipated use of force.
10. Consistent with training, uniformed staff members who use force shall take the following actions to reduce the risk of impeding the resident's breathing:
    a. Once a resident who has been taken to the ground is restrained, they should be rolled to their side and moved to an upright position that does not impede breathing, unless they are unconscious.
    b. When safe and feasible, unrestrained residents who have been taken to the ground or are in a prone position, should be rolled onto their side and moved to an upright position that does not impede breathing, unless they are unconscious.
    c. Do not put prolonged pressure on the chest or back, including by sitting, kneeling, or standing.
    d. Continuously monitor the resident's condition while they are being restrained. Monitoring includes, but is not limited to, assessing the adequacy of the subject's breathing, color and any impairment as verbalized by the subject.
11. The use of chokeholds and neck restraints is prohibited.
12. The use of force technique known as the "hair hold" is prohibited, except in exigent situations. "Exigent situations" are those where a staff member's need to defend him or herself or to protect a resident from imminent self-harm makes it reasonable and necessary to resort to techniques other than those set out on the Use of Force Continuum or in department-provided defensive tactics training.
13. Pointing a firearm at a person is a reportable use of force and its justification and circumstances shall be documented.
14. Any uniformed staff member observing another uniformed staff member using force that is not objectively reasonable under the totality of the circumstances shall, if in a position to do so, intercede to prevent the use of unreasonable force and uniformed staff member who observes another uniformed staff member that exceeds the degree of force permitted shall promptly report their observations to a supervisor.
15. Unless stated otherwise in this policy, subsequent to any use of force:
    a. Uniformed staff shall, once the scene is contained and safe, offer medical attention in all cases and summon medical attention immediately if injuries are apparent or the subject complains of injury.
    b. The Sergeant shall:
        1) Immediately notify the Shift Commander.
        2) Secure and manage the scene.
        3) Ensure that all evidence relating to the use of force is collected and documented.
        4) As soon as possible, make sure that JHS staff evaluate residents involved in the use of force whether injured or not.
            a) If medical attention is refused, the refusal and the name of the responding JHS staff member shall be documented by the Sergeant.

5) As soon as possible, request medical attention for any injured staff.
6) Request the Shift Commander capture any available facility video of all use of force incidents and save the video following Department policy 4.01.023, Video Recordings.

c. The Shift Commander shall:
1) Participate in post-incident debriefing, when practicable.
2) Review video from the scene, copy any relevant video and forward to the Facility Major.
3) Confer with the Facility Major or Executive Duty Officer any time an anticipated use of force involves a group demonstration, large disturbance, or any other unique circumstances which the Shift Commander requests consultation.
4) Comply with guidelines for reporting uses of force.

B. Guidelines for Anticipated Use of Force

1. When confronted with an anticipated use of force, the Officer shall:
   a. Secure all residents not involved.
   b. Notify the Sergeant.
   c. Begin an incident log with timeline.
   d. Wait for the Sergeant to give direction.
   e. Comply with guidelines for reporting uses of force.
2. The Sergeant shall:
   a. Respond to location.
   b. Assess and attempt to resolve the situation by utilizing de-escalation techniques, including a cool-down period when feasible.
   c. Consult with the Shift Commander.
   d. C2 [redacted]
   e. Determine the need for a team.
   f. Assign a staff member to video record all anticipated uses of force and upload the captured video following Department policy 4.01.023, Video Recordings.
   g. If a use of force is anticipated and it is feasible to do so, the Sergeant shall:
      1) Notify JHS, via contact with an RN, in advance.
      2) The RN will initiate a medical and mental health review consistent with JHS policy J-G-01.
      3) Based on that review, JHS staff will advise with regard to any contraindications or other medical considerations relevant to the use of force.
      4) This information shall be taken into consideration by department staff in deciding whether and how to use force on the resident.
   h. Complete a threat assessment, identify options and formulate a tactical plan taking into consideration contraindications or medical considerations reported by JHS staff.
   i. Form a team. The team should consist of, but is not limited to:
      C2 [redacted]
   j. When additional protective equipment is needed for an anticipated use of force, the equipment will consist of:
      C2 [redacted]

C2

k. Brief the team and carry out the anticipated use of force following their training and this policy.

3. The Shift Commander shall:
   a. Conduct a threat assessment and review the tactical plan for an anticipated use of force.
   b. Whenever possible, observe the use of force.

C. Guidelines for Responding to Uses of Force

1. Department staff who are directly involved in or who directly witness a use of force shall:
   a. Immediately notify their supervisor.
   b. Report any injury or complaint of injury.
   c. Submit a written report following Department policy 1.01.008, Processing Staff Reports.
   d. The report shall include a detailed description of the facts and circumstances of the incident, including resident and staff actions, and the following:
      1) Why force was needed (i.e., what actions or circumstances led up to the use of force).
      2) The type and amount of force used in relation to the level of resistance. Staff will specifically note any use of mechanical restraints, electronic stun shield, Taser® CEW or pepper spray (to include each subsequent application).
      3) Why this particular type and amount of force was used, to include any factors listed in section A.1 of this policy.
      4) Injuries sustained by the resident or staff, if any, including photographs of any injuries to residents.
      5) The threat perceived by the staff members.
      6) Any warning provided and time to comply before force was used, or the reasons none were provided.
      7) De-escalation efforts used or attempted, or the reasons none were used or attempted.
2. For every use of force, the Sergeant shall:
   a. Notify the Shift Commander immediately.
   b. Ensure that all evidence relating to the use of force is collected and documented.
   c. Ensure all injured parties, if any, receive timely medical assistance.
   d. Ensure that reports from department staff directly involved or who directly witness the use of force, including non-uniformed department staff, employees of other departments (i.e., JHS) via their supervisors, contractors or volunteers are completed following Department policy 1.01.008, Processing Staff Reports.
   e. In determining which witnesses must submit reports, the Sergeant shall:
      1) Include witnesses who observed the events leading up to the use of force and the use of force itself.
      2) Not be required to collect statements from individuals who did not have a reasonable opportunity to observe these events (i.e., those who witnessed it from such a remote distance/perspective as to make their reports unnecessary).
   f. Evaluate and ensure the sufficiency of the reports.
   g. Photograph all injuries or claims of injuries, either on the resident or on any officers.
   h. Provide any injured staff member the Report of Workplace Injury packet.

i. Request the Shift Commander capture any available facility video of any use of force incident and save the video following Department policy 4.01.023, Video Recordings.
j. Complete a Supervisor's Incident Report (F-523). The Supervisor Incident Report will include the Sergeant's assessments of whether the use of force complied with department policy and identify any policy, training, tactical, supervision, planning and coordination, choice of force options, equipment, and post-incident conduct and performance issues raised by the incident and document these concerns and recommendations.
k. Forward the Supervisor's Incident Report with all pertinent evidence and information attached to the Facility Major via the Shift Commander.

3. For every use of force, the Shift Commander shall:
   a. Review all use of force incident packets for accuracy, completeness and compliance with Department policies.
   b. Commence a preliminary investigation if the use of force involves any of the following:
      1) Serious or unexplained injuries.
      2) Hard impact head strikes.
      3) An apparent violation of a use of force policy.
4. Preliminary investigation procedures:
   a. Preliminary investigations shall be conducted by a Shift Commander or designee who had no involvement in the incident or immediate supervision over involved staff.
   b. The purpose of the preliminary investigation is to determine whether there is a need for a formal internal investigation or other management action regarding the use of force.
   c. The Shift Commander or designee shall:
      1) Interview or obtain statements from the resident, witnesses and all involved staff. The Shift Commander or designee may determine the most effective means for obtaining statements of the involved resident or resident witnesses, which may include obtaining the resident's statement during an infraction hearing.
      2) Follow up on relevant information learned from the resident or witnesses.
      3) Collect any additional evidence that may be necessary including any relevant video which captured the use of force incident(s), both anticipated and spontaneous events and save the video following Department policy 4.01.023, Video Recordings.
      4) The Shift Commander or designee shall document all witness statements and available evidence and forward them with a written report of the findings and recommendations of the preliminary investigation to the Facility Major.
5. The Facility Major shall:
   a. Review all use of force reports and preliminary investigations for compliance with department policy and procedures.
   b. Review and specifically scrutinize reports involving residents housed in units designated for residents with mental illnesses. This will occur to determine whether individual incidents involve potential violation of policy or prior to consulting with JHS staff in an anticipated use of force.
   c. When a preliminary investigation or other reports reveals evidence of possible staff misconduct, refer to the Internal Investigations Unit (IIU) for a full investigation. Also forward to the Force Review Committee for evaluation and recommendations as to possible additions or changes to departmental policy, procedure, equipment and training.

D. Guidelines for Responding to Uses of Deadly Force

1. Whenever deadly force is used and results in death, substantial bodily harm, or great bodily harm, the department must immediately contact the Washington State Office of Independent Investigation (OII) once the scene has been rendered safe and lifesaving first aid has been provided to persons who have life-threatening injuries.
2. If deadly force is used and does not result in death, substantial bodily harm, or great bodily harm, the department shall notify OII in accordance with procedures established by OII.
3. If OII indicates that it will investigate the use of deadly force, OII shall become the lead investigative body and shall have access to reports and information necessary or related to the investigation including, but not limited to, voice or video recordings, body camera recordings, and officer notes, as well as disciplinary and administrative records except those that might be statements conducted as part of an administrative investigation related to the incident.
4. If OII indicates that it will not investigate the use of deadly force, the use of deadly force shall be investigated by an independent investigation team or the local law enforcement with jurisdiction.
5. DAJD shall take all lawful measures necessary for the purposes of protecting, obtaining, or preserving evidence relating to the incident until either an OII investigator or an investigator from the appropriate independent investigation team takes charge of the scene.
6. DAJD will ensure that evidence, including but not limited to the following is protected and preserved:
    a. Physical evidence that is at risk of being destroyed or disappearing and cannot be easily reconstructed, including evidence which may be degraded or tainted by human or environmental factors if left unprotected or unpreserved.
    b. Identification and contact information for witnesses to the incident**.**
    c. Photographs and other methods of documenting the location of physical evidence and perspective witnesses**.**
7. Once OII or the local law enforcement agency with jurisdiction arrives at the scene, DAJD shall relinquish control of the scene to the OII or local law enforcement investigator and may not participate in any way in the investigation, with the exception of the use of specialized equipment that is necessary for the investigation and where no alternative exists and giving statements when appropriate.
8. No information about the ongoing independent investigation under the jurisdiction of the office may be shared with any member of the involved agency, except limited briefings given to the chief, sheriff or director of the involved agency about the progress of the investigation.
9. Anytime a department employee draws, exhibits or discharges their Firearm of Record during a use of force situation, or uses another form of lethal force, and is able to do so, they shall:
    a. Immediately notify the nearest facility's Central Control of the incident and the location. Central Control shall notify local police and fire via radio, phone or other means possible for assistance when necessary.
    b. Render first aid to any injured parties if reasonably possible under the circumstances
    c. Give the first Officer and the first supervisor on the scene enough information about the incident to enable them to take steps to:
        1) Apprehend or locate other suspects, victims or witnesses.

2) Protect and preserve the scene.
3) Accurately describe the scene and situation to the follow-up investigators.

d. Leave the scene of the incident only when directed to do so by the on-scene supervisor.
e. Write reports pursuant to Section C. above.

10. The Sergeant on-scene shall:
    a. Apprehend or locate other suspects, victims or witnesses if possible.
    b. Protect and preserve the crime scene and ensure that no one enters the crime scene.
    c. Collect all written reports.
    d. Turn over the on-scene investigation to the responding law enforcement agency.
        1) Upon direction of the department Incident Commander and after consulting with the local police investigator or the investigator from the Office of Independent Investigation, decide when the involved Officer(s) may leave. If requested, arrange for transportation and assistance for the Officer(s).
    e. If it has not been done by the investigating law enforcement agency, a firearms qualified Sergeant will collect the involved Officer's weapon. This shall be done before the Officer leaves the scene.
    f. If the firearm has not been collected by the local law enforcement agency or Office of Independent Investigations investigator or they indicate they don't need the firearm, the firearm qualified Sergeant who collected the firearm(s) should attempt to determine if the firearm(s) have been discharged.
    g. Assign an Officer(s) to accompany injured staff or residents to the hospital.
11. The Shift Commander or Incident Commander shall:
    a. Ensure that the steps outlined in section 2 of this procedure are followed after the use of any deadly force.
    b. Activate a critical incident response by following department policy 1.03.010, Peer Support and Critical Incident Response.
    c. Notify the Executive Duty Officer, Special Investigations Unit Sergeant and IIU Commander.
12. The Facility Major shall:
    a. Ensure that a Critical Incident Response review has been conducted.
    b. When appropriate, direct the Officer(s) to see a department-approved mental health professional.
    c. As set forth in the department policy 4.03.012, Shooting Review Board, compile all reports and forward to the Commander to implement the Shooting Review Board